PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003													
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY													· :•
TOTAL CLAIMS			74				٠.	RATE	FEE		RATE	FEE	
TOTAL COSTATO			:67		NUMBER EXTRA		ı	BASIC FEE	385.00	OB	BASIC FEE	770.00	
FOI	٠ .		NUMBER FILED		" A						•	•	
TOTAL CHARGEABLE CLAIMS			minus 20=		: 4		·	X\$ 9=	36.∞	OR	X\$18=		
	EPENDENT CL			3 minus 3 =		1 9 -		X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL 421.00 OR TOTAL													٠
CLAIMS AS AMENDED - PART II (0-16-06 (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	NTITY	
T A	·	CLAIMS REMAINING AFTER		HIGH NUM PREVI	HEST ABER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	31
ME	Total	AMENDMENT.	Minus	40	24			X\$ 9=	2500	OR	X\$18=		1/1
AMENDMENT	Independent	· 3.	Minus	***	3	-0		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
									25.00	1	TOTAL ADDIT, FEE		1
		•			0	(Column 2)		ADDIT. FEE	73.		ADDIT. PCC		1
AMENDMENT B	12/18/20	(Column 1) CLAIMS REMAINING AFTER		HIG NU PREV	umn 2) Hest Wber Nously	PRESENT EXTRA		PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	114/10	AMENDMENT	Minus	PAII	DFOR 25		1	XS 9=	, , , , ,	OR	X\$18=	·	
	Independent	. 4	Minus		$\frac{ab}{2}$	1.	1	19	100	OR	YOG-		1
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								100	1	+290=		1
								-145=	1	OR	TOTA	-	-{
TOTAL 190										JOH	ADDIT. FEI		┨ .
(Column 2) (Column 3:													-
AMENOMENT C	N .	CLAIMS REMAINING AFTER		NU PRE	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE	
	Total	AMENDMENT	Minus	**			1	X\$ 9=		QR	XS18=	<u> </u>	ز
	Independent		Minus	***	•	• 12		X43=	1.	OF	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								i –	1			7
TOTAL											-	-	
If the Prioriest Number Previously Paid For IN THIS SPACE is less than 20, enter 20. ADDIT, FEE													
	'If the "Highest No The "Highest No	umber Previously mber Previously P	Paid For IN Ti aid For (Total	HIS SPACE or Indepen	E is less th ndent) is th	nan 3, enter "3." na hìghest numb	er fo			ox in c	olumn 1		

Application or Docket Number